

● PRINTER RUSH ●
(PTO ASSISTANCE)

Application :	Examiner :	GAU :
<u>08/801609</u>	<u>Detwiler, B</u>	<u>2173</u>
From:	Location: <input checked="" type="checkbox"/> IDC FMF FDC	Date: <u>06/21/05</u>
Tracking #:	<u>06/08/12</u>	Week Date: <u>05/23/05</u>

DOC CODE	DOC DATE	MISCELLANEOUS
<input type="checkbox"/> 1449		<input type="checkbox"/> Continuing Data
<input type="checkbox"/> IDS		<input type="checkbox"/> Foreign Priority
<input checked="" type="checkbox"/> CLM	<u>11-16-2004</u>	<input type="checkbox"/> Document Legibility
<input type="checkbox"/> IIFW		<input type="checkbox"/> Fees
<input type="checkbox"/> SRFW		<input type="checkbox"/> Other
<input type="checkbox"/> DRW		
<input type="checkbox"/> OATH		
<input type="checkbox"/> 312		
<input type="checkbox"/> SPEC		

[RUSH] MESSAGE: Improper Dependency: Original claim 21 depends upon canceled original claim 20. Please resolve.

Thank you

[XRUSH] RESPONSE: Dependency corrected via supplemental examiner's amendment.

INITIALS: BD

NOTE: This form will be included as part of the official USPTO record, with the Response document coded as XRUSH.
 REV 10/04